



Empowering communities to be healthy and free of TB and HIV

Finding the first 90 using data: Promoting data quality and usage in the Eastern Cape

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TB HIV Care

Background

- 118,937 COP16 HTS target
- 17 Mobile HTS teams
- 3 Districts – OR Tambo, Alfred Nzo and Chris Hani
- Finding HIV+ individuals in a community should be data driven on all levels
- HIV+ individuals should be linked to ART (confirmed successful linkage to ART)

Objectives

- Promoting access to data through feedback of relevant information
- Ensuring quality data is used
- Promoting the usage of data for decision making and developing data use skills

Overview

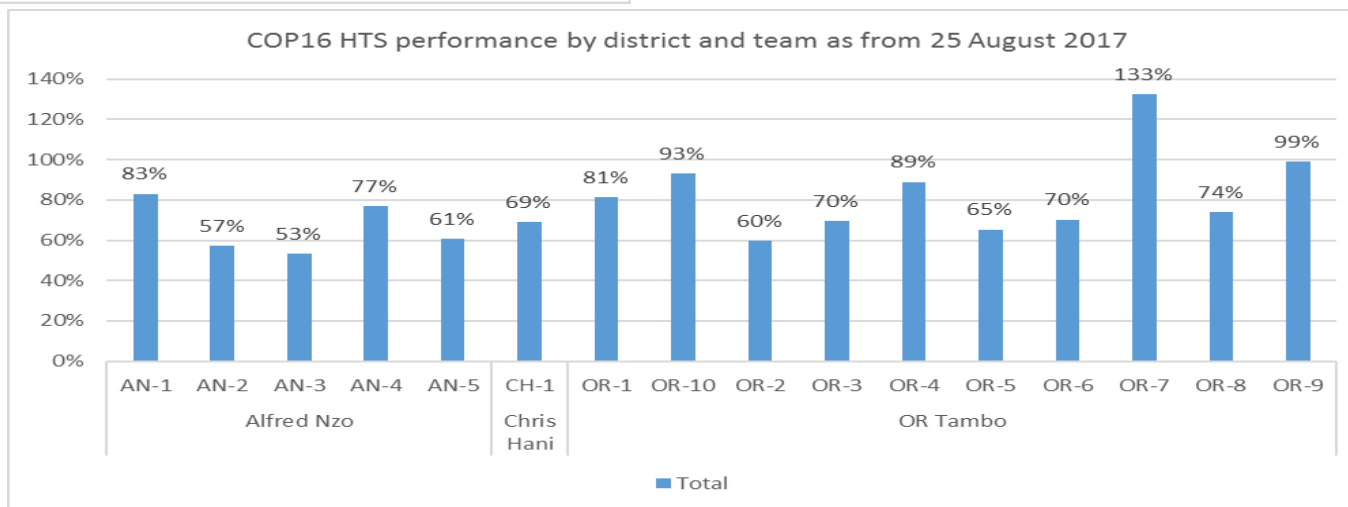
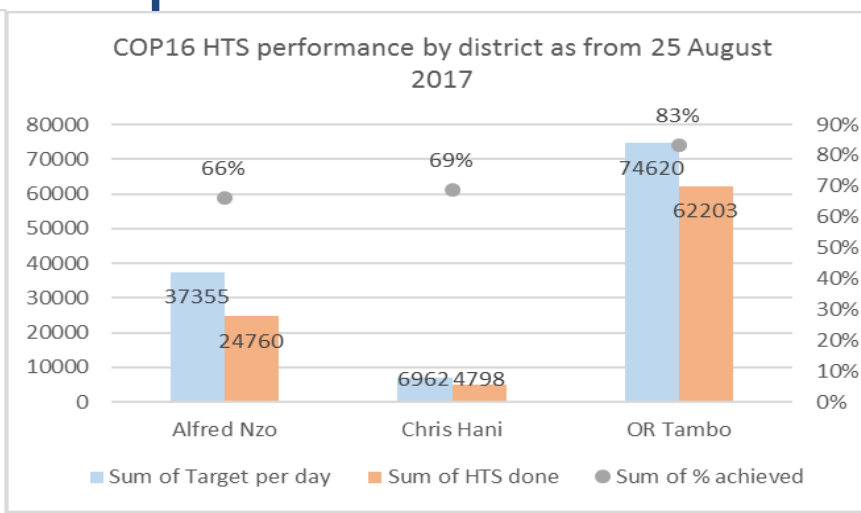
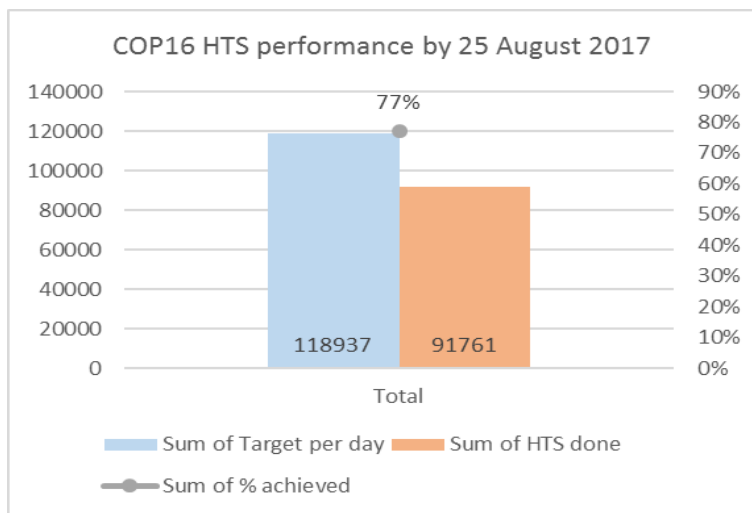
- **Routine data feedback**
 - Daily analysis
 - Weekly performance feedback
 - Monthly performance feedback
 - Projections based on weekly performance
- **Data quality**
 - Monthly routine data quality assessments RDQA (per team)
 - Data quality feedback and improvement plans
- **Data usage**
 - Regular data review and usage meetings (DRUMs)
 - Decentralised data analysis
 - Basic data analytic tools and skills development
 - Promotion of access to data

Data Feedback

- **Goldilocks zone** (Too granular; **Just right**; Too course)
- **Time**
 - Real time; daily; **weekly**; monthly; quarterly, SARIA
 - Weekly data allows for (1) quick course correction, (2) can be easily understood and analysed by service level staff (3) is good for time series analysis an trend analysis as there are 4 data points per month)
- **Place**
 - GPS; venue, **ward**, sub-district, district, province, country
 - Ward based yield provides a strong indication of where to focus services
- **Disaggregation**
 - With all the new disaggregation's individual level data is a must
 - Modality can also be broken down to secondary modality (richer)

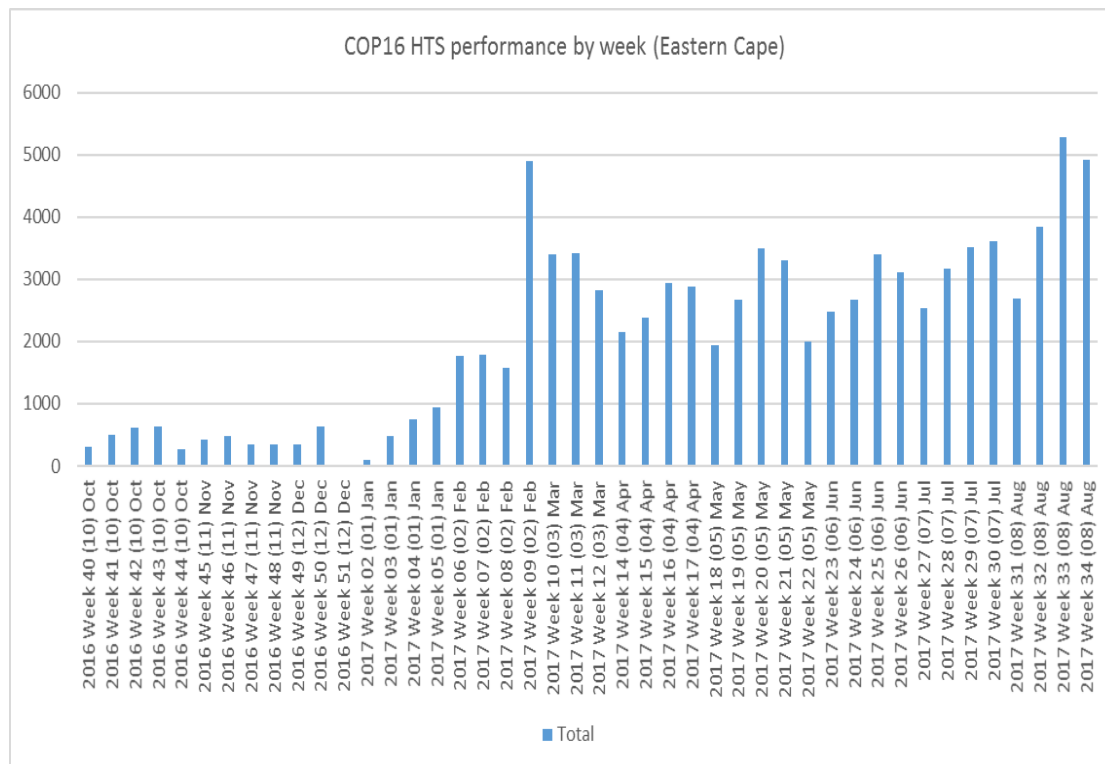


Data feedback – performance



Data feedback – Weekly projections

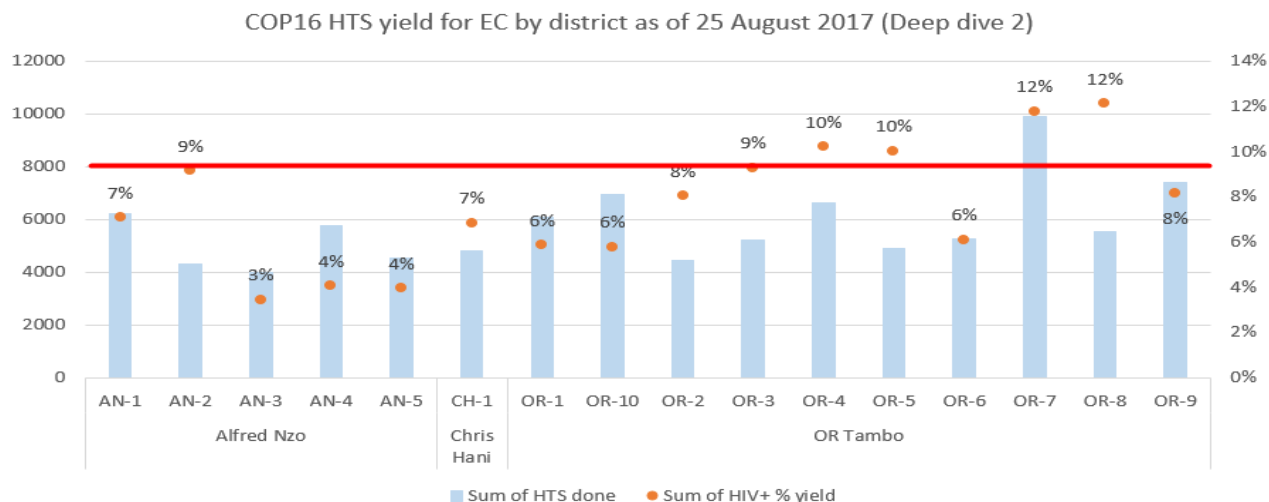
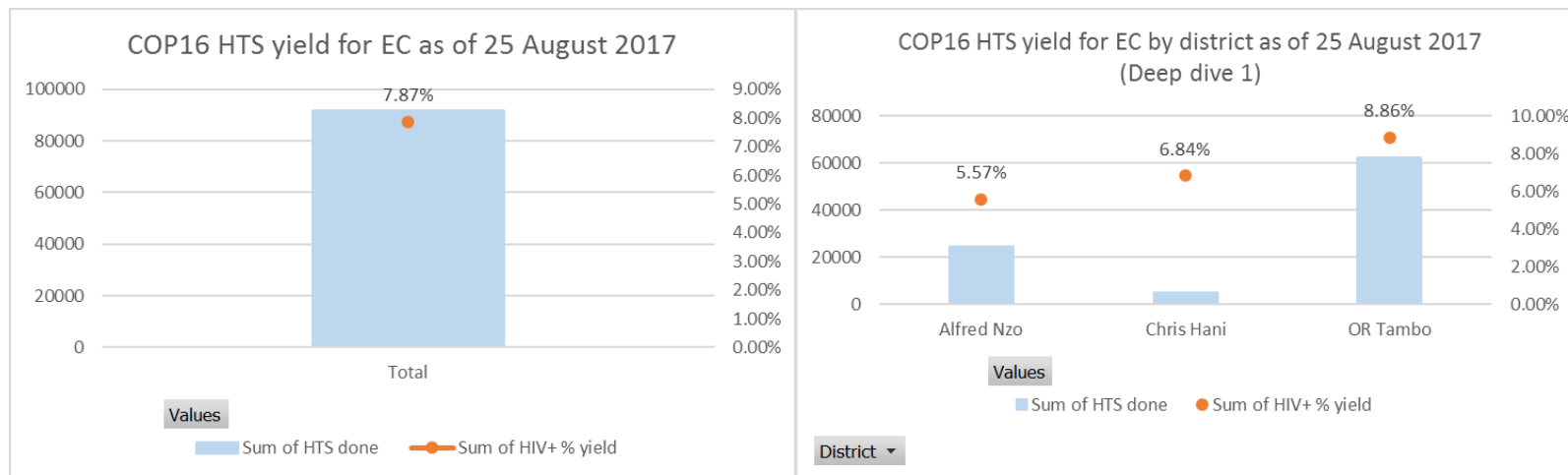
Row Labels	Sum of HTS done
2017 Week 30 (07) Jul	3,605
2017 Week 31 (08) Aug	2,687
2017 Week 32 (08) Aug	3,848
2017 Week 33 (08) Aug	5,274
2017 Week 34 (08) Aug	4,913
Grand Total	20,327
Target	118,937
Weeks left in year (X)	5
Current HTS (a)	91,761
Rolling average HTS (b)	4,678
Projected HTS (b * X) + a	115,151
Target	118,937
Projected % COP16 achieved	97%



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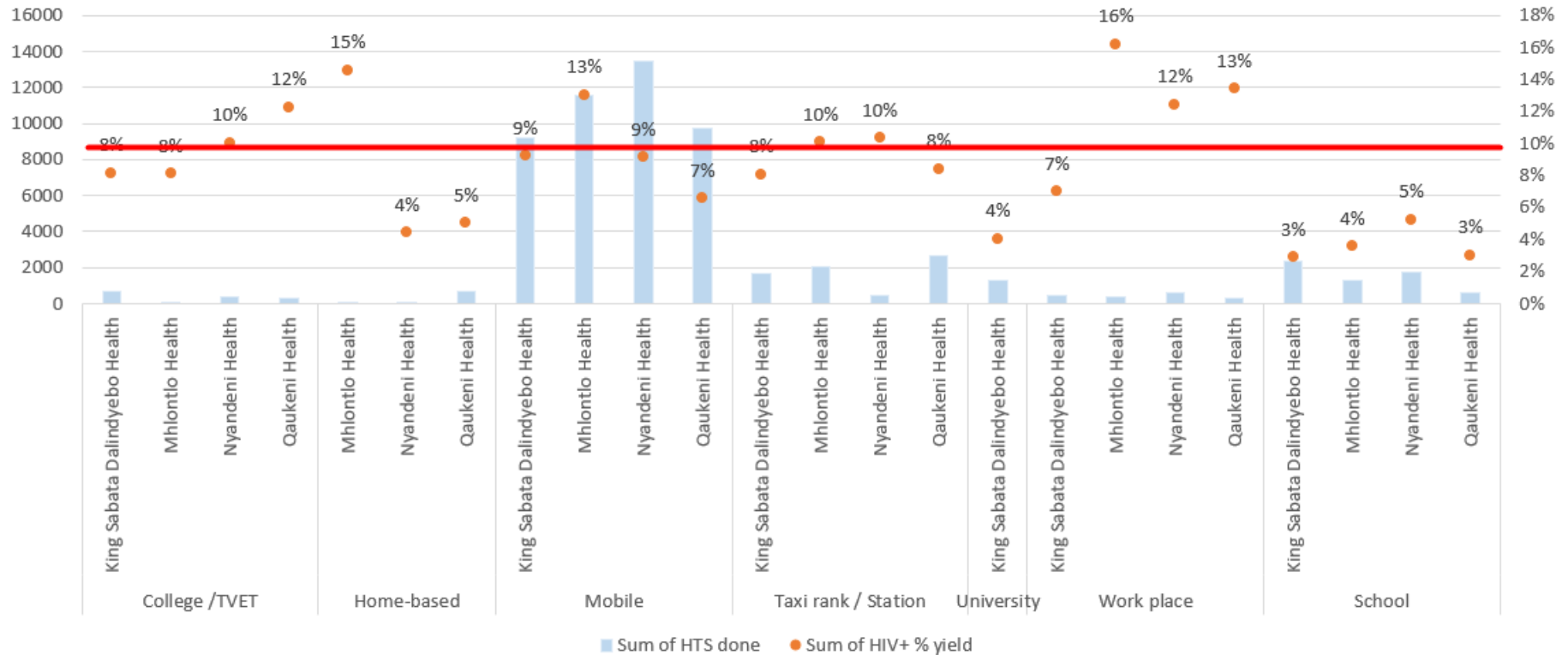


Data feedback – HTS yield



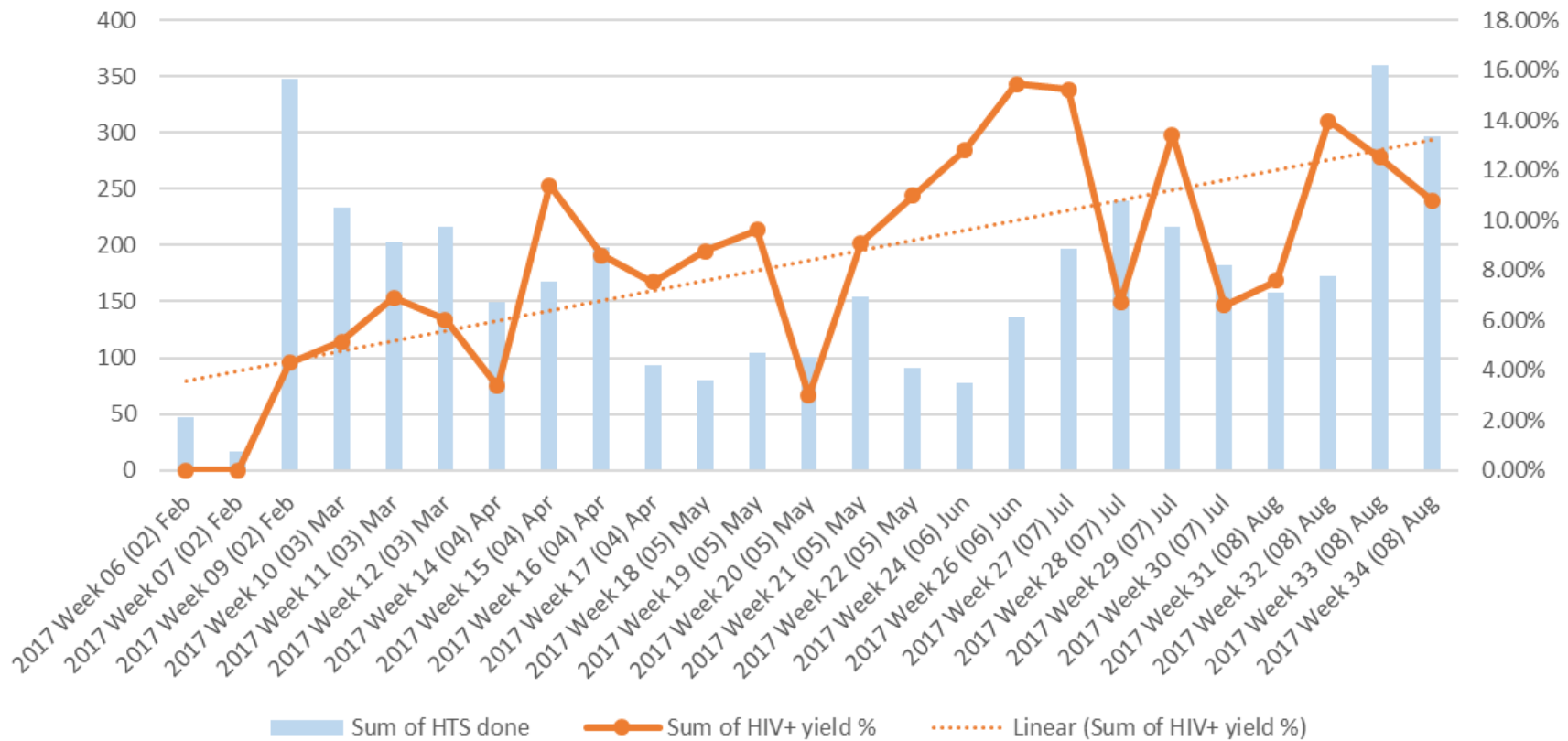
Data feedback – HTS yield (place)

COP16 HTS yield for OR Tambo by secondary modality (Deep dive 3)



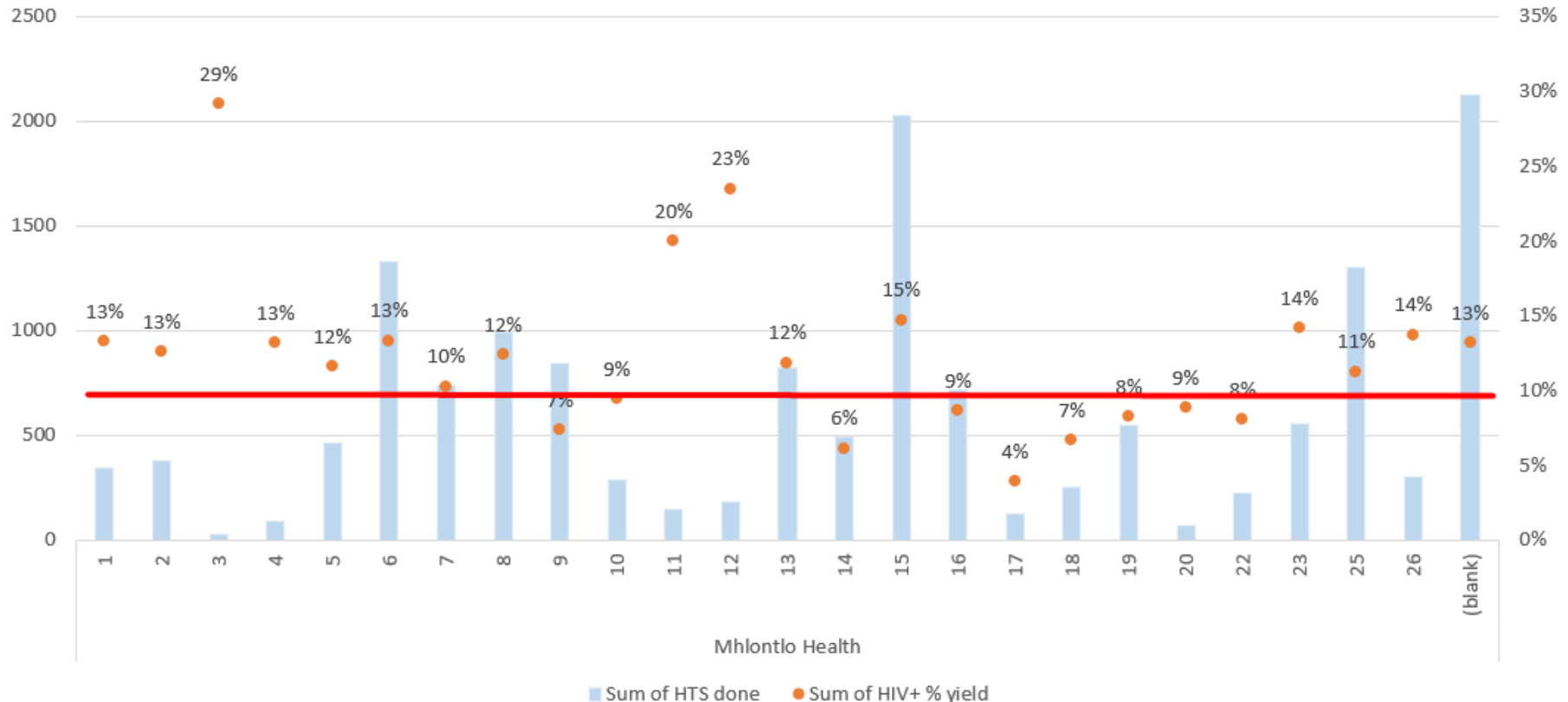
Data feedback – HTS yield (weekly yield monitoring)

Team AN 2 (Alfred Nzo) weekly HTS and yield performance with trendline
(Deep dive 4)



Data feedback – HTS yield (ward based analysis)

COP16 HTS yield for OR Tambo Mhlontlo by ward (Deep dive 5)

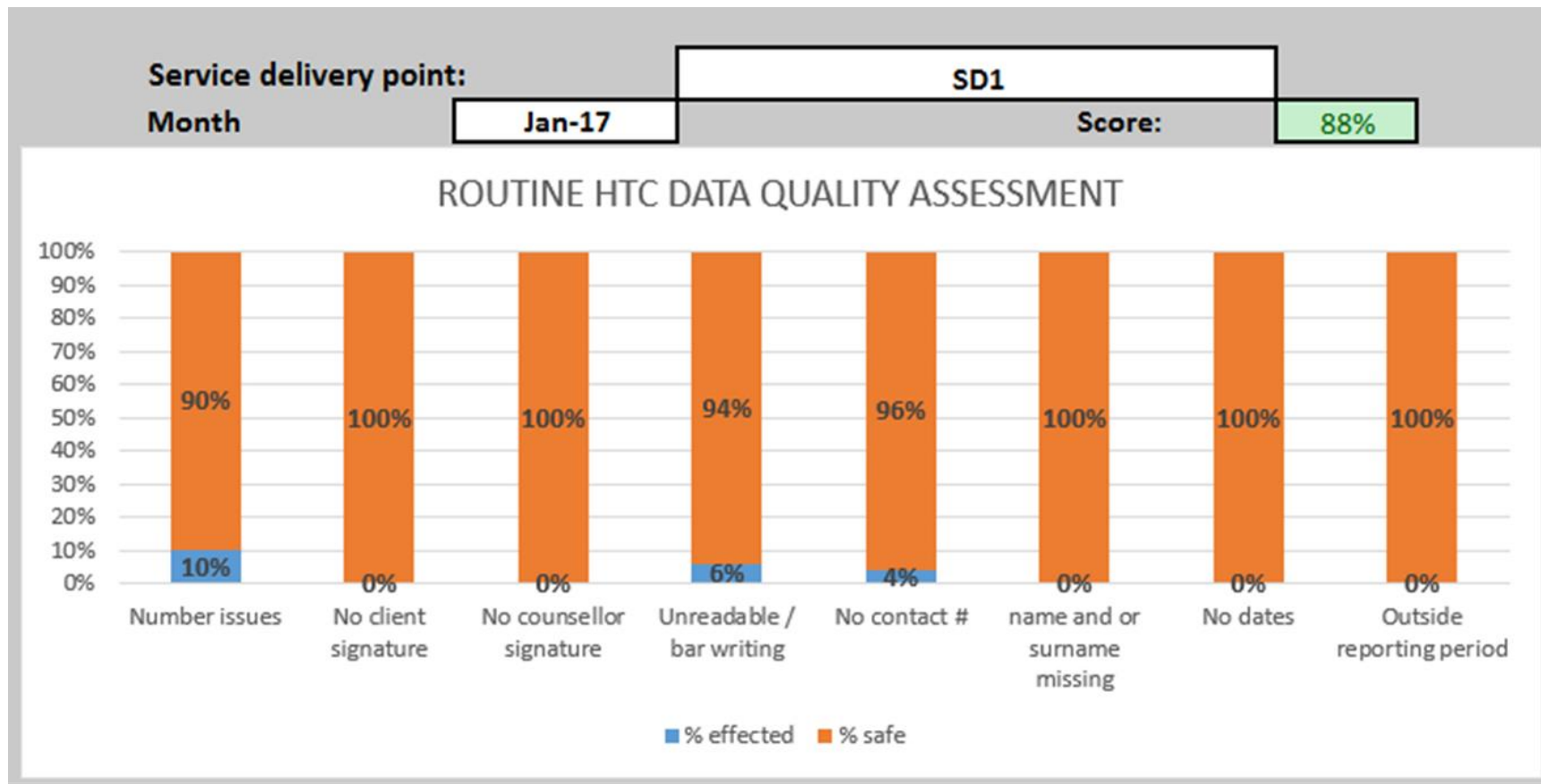


Data quality - RDQA

Service Delivery Point - Monthly Data Verification							Finalised	No
a	Service Delivery Point (Sub-District):				How many teams in sub-district			
b	Date validation completed:				Confirmation of verification			
c	Name M&E Coordinator / Data Monitor:				Sign:			
d	Name Site Manager:				Sign:			
e	Reporting Period (this is the period that is being verified from results reported from the Program/project):		Reporting month & year	Jun-17	Score: 0 to 80% Bad 80 to 90% Moderate 90 to 100% Good		85%	
1. RECOUNT (100%) - To be completed by Data Capturer & verified by M&E Coordinator/ Data Monitor								
	Age range	<10	10-14	15-19	20-24	25-49	50+	Total
1.1	Number HTS reported to head office for month (before validation)		500	100	100			700
1.2	Recount the number of correctly filed HTS forms for the reporting period (physical count)		490	100	100			690
Service Point Indicator Result Verification (i.e., ratio of recounted to reported results)		0%	98%	100%	100%	0%	0%	95%
Comments:								
2. SAMPLING & CROSS VERIFICATION (10%) - To be completed by M&E Coordinator/ Data Monitor & verified by Site Manager								
	Age range	<10	10-14	15-19	20-24	25-49	50+	Total
2.1	Total reported: The numbers that were reported to Head Office in the same period per age category	0	600	100	100	0	0	700
2.2	Sample 10% of consent forms: This is the total number of consent forms that you need to sample and do cross verification before reporting the data every month. You do not need to enter anything	0	60	10	10	0	0	70
2.3	Number found in register: How many of the consent forms sample are found in the register. Take consent forms from the sample and check if they have been captured in the register. Enter the number in the relevant cell		60	10	9			69
2.4	% verified: A courtesy of the register. Do not enter anything in these cells	0%	100%	100%	90%	0%	0%	93%
2.5	Number found in Tier.NET: Take the total sample and check if all the names from the sample have been captured on Tier.Net. Enter the number per age group in the relevant cell		48	10	9			67
2.6	Tier.Net % verified: Do not enter anything in these cells	0%	98%	100%	90%	0%	0%	95%
Corrective action plan if % verification is less than 90%:								

3. DATA QUALITY ASSESSMENT - To be completed by M&E Coordinator/ Data Monitor & verified by Site Manager - use 10% sample from 2.2			
	Total	Comments on Quality assessment: Include name of person and remedial action taken and plans for improvement	
Sample size *(use sample from 2.2 - will automatically pull through	70	98%	
3.1 How many of the sampled forms do not have first name and surname of the client?	3	98%	
3.2 How many of the sampled forms do not have ID number indicated?	4	94%	
3.3 How many of the sampled forms do not have Date of Birth recorded?	1	99%	
3.4 How many of the sampled forms do not have client contact number?	4	94%	
3.5 How many of the sampled forms do not have ward indicated?		100%	
3.6 How many of the sampled forms do not have modalities indicated?	10	86%	
3.7 How many forms do not have test kit batch number?		100%	
3.8 How many of the sampled forms do not have test kit expiry date?		100%	
3.9 How many of the sampled forms were not signed by the client?		100%	
3.10 How many of the sampled forms do not have the HTS results?		100%	
3.11 How many of the sampled forms were not signed by the counsellor?		100%	
3.12 How many of the sampled forms do not have date of test?		100%	
3.13 How many of the sampled forms have dates that fall outside the reporting period?		100%	
3.14 How many of the sampled forms have the programme not indicated?		100%	
3.15 How many of the sampled forms of minors were not signed by the guardian for HTS?		100%	
<p>Corrective action plan:</p>			

Data quality - scoring

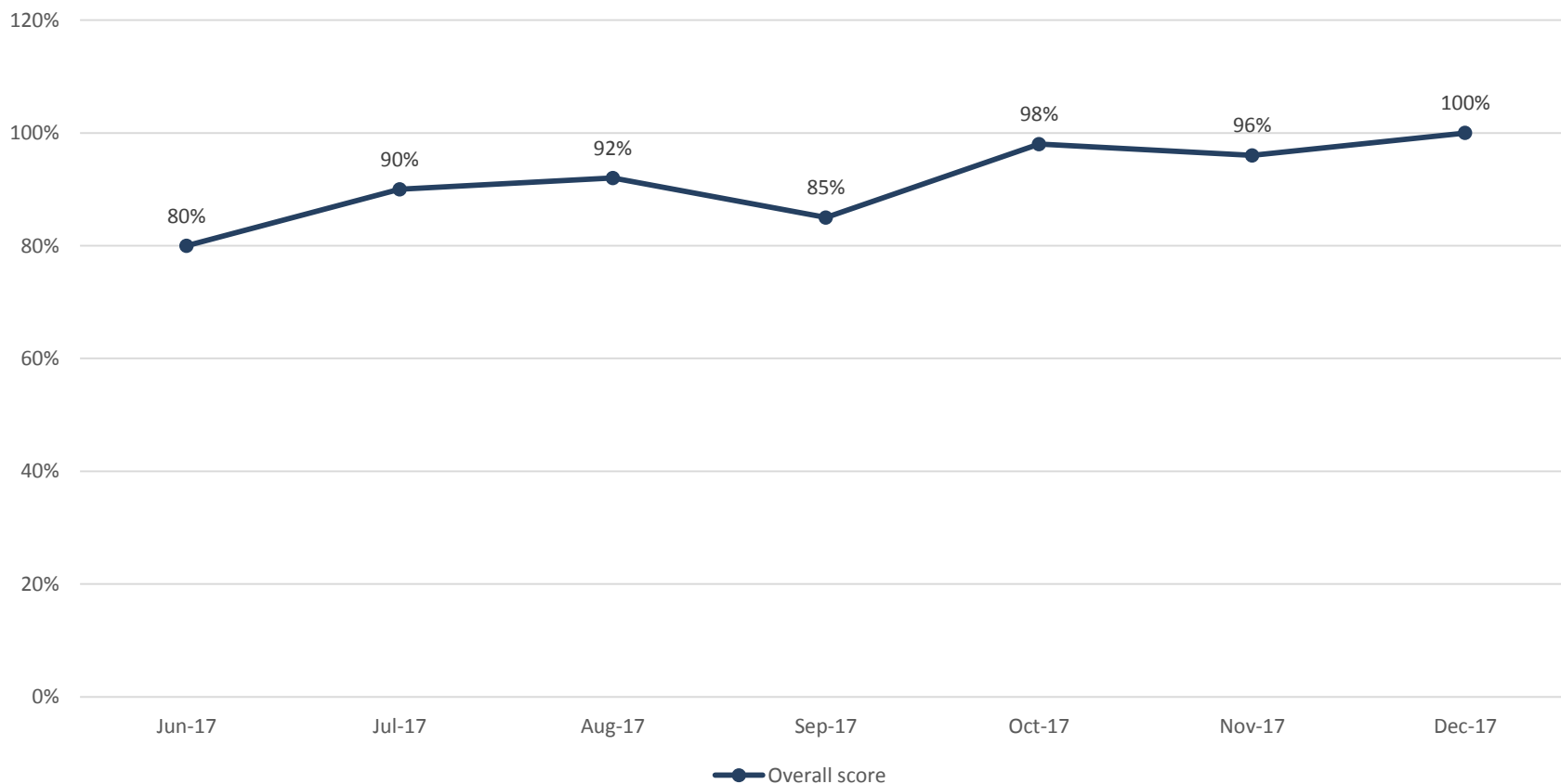


Data quality – team comparison



Data quality – over time

Run chart data quality



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Data usage – introducing the DRUM



Data Review and Usage Meeting (DRUM) Logical Framework

Process

Data preparation

Training

Weekly feedback

Monthly
feedback

Data Review and
Usage Meetings

Outcomes

Attitude

Access

Ability

Impact

Culture of data
usage for decision
making

Better community
health services

Healthy
communities



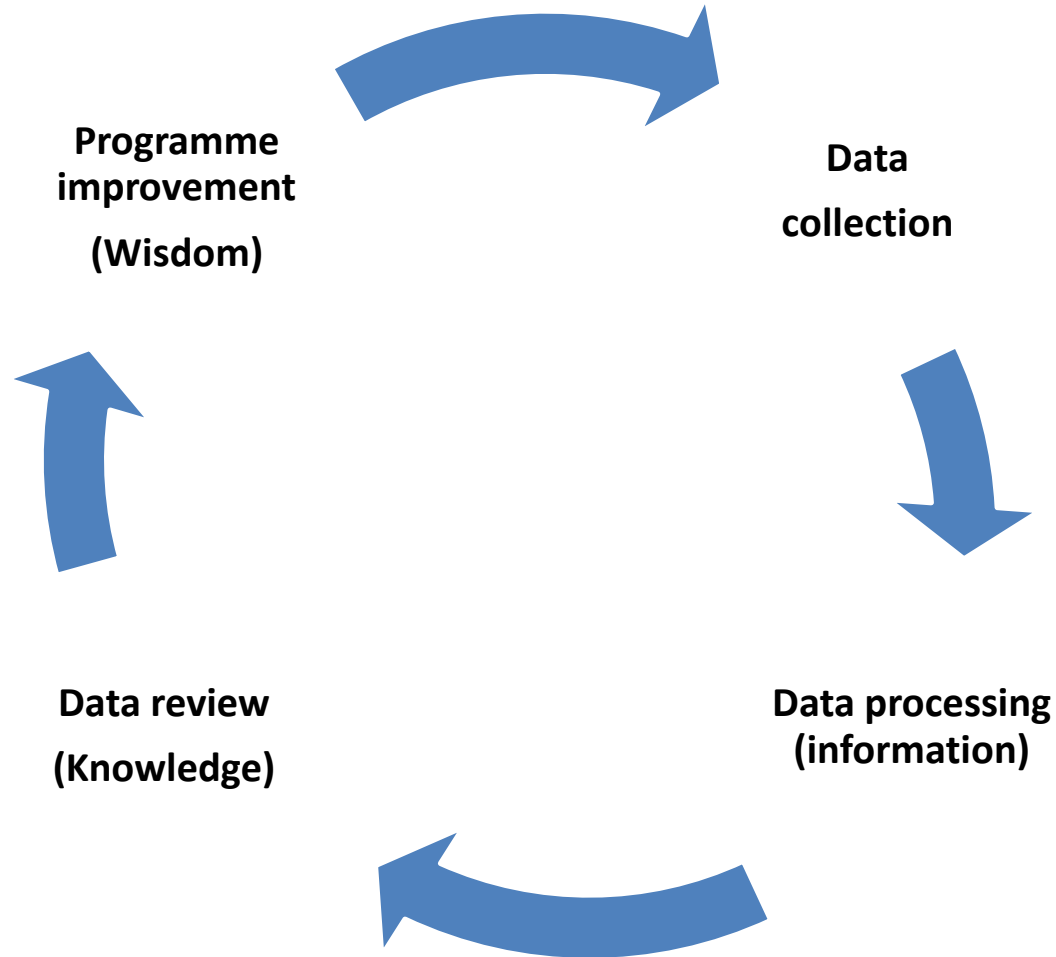
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Data Review and Usage Meeting (DRUM) guidelines

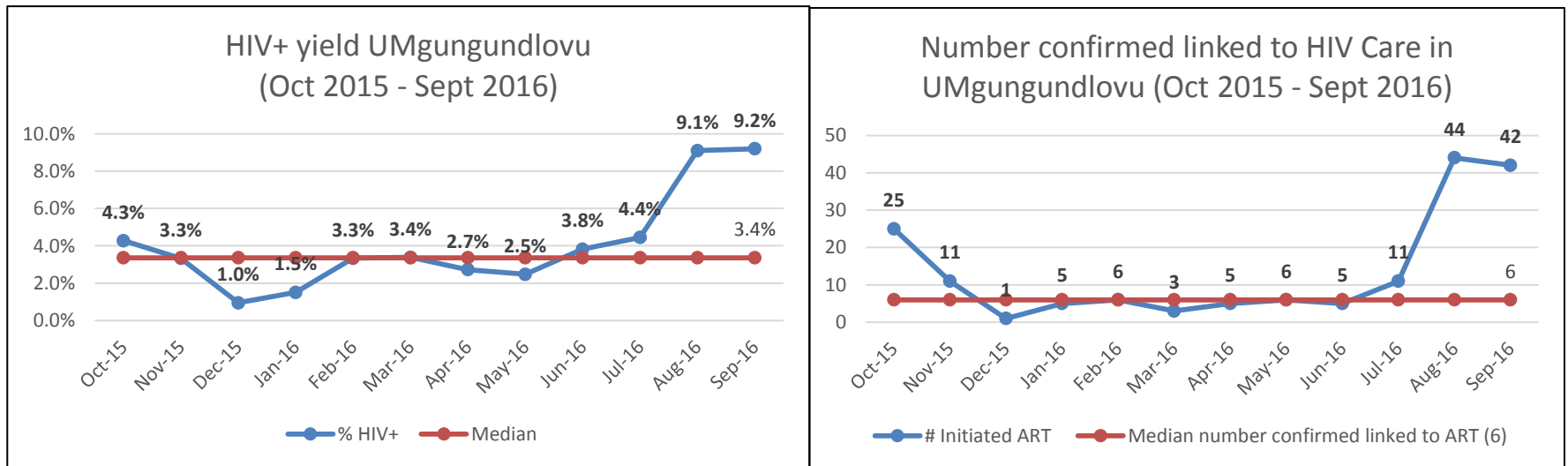
Type of analysis (graphs in data pack)	Prompt questions
HTS done / HTS target - Time series (weeks, months) - Cumulative & non-cumulative - Comparison of teams	<ul style="list-style-type: none"> What did the team / sub-district that achieved the highest HIV testing rate do differently? What specific challenges did team / sub-districts who achieved the lowest HIV testing rate experience?
HIV+ / HTS - Time series (weeks, months) - Cumulative & non-cumulative - Comparison of teams, modalities, demographics, wards...	<ul style="list-style-type: none"> How did the teams that achieved the highest HIV-pos yield, achieve this? (what type of outreach programs and modalities?) Where was the highest yield achieved by team and what demographic, performance and geographical factors could have contributed to the increased yield? When did each time have the highest yield (week and day) and what factors may have contributed towards this?
Linked to ART / HIV+ - Time series (weeks, months) - Cumulative & non-cumulative - Comparison of teams	<ul style="list-style-type: none"> How did the team that achieved the best linkage-to-care, achieve this? What challenges did the teams with low linkage-to-care experience? What are the best strategies to support successful linkage to care?

Data Review and Usage Cycle



Success story DRUM

- Almost 3-fold improvement in HIV yield following DRUM:
 - **Before DRUM:** HIV+ yield: 3.3% (432/13,240), SD 1.1% (10 months)
 - **Following DRUM:** HIV yield 9.1% (211/2,308) -a 2.8-fold increase (2 months)
- Proportion successfully linked to care increased 31.8% (78/245) to 70% (86/123) in the post intervention period.



Lessons learnt

- Feedback tools should be accessible and user friendly
- Weekly feedback is essential for timeous course correction
- Data quality is a prerequisite to data usage and demand
- Data review and usage meetings promote data usage skills and can be done monthly if data is granular (weekly, daily or individual)

Thanks

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